

**Fill in this information to identify your case:**

Debtor 1	Santos A. Lainez	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
United States Bankruptcy Court for the:	District Of Maryland	
Case number (If known)	19-12293	

Check if this is an amended filing

**Official Form 104****For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.**

	Unsecured claim
<b>1</b>	<p><b>What is the nature of the claim?</b> Judgment \$ 53,154.88</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <input checked="" type="checkbox"/> None of the above apply</p> <p><b>Does the creditor have a lien on your property?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____  Value of security: - \$ _____  Unsecured claim \$ _____</p>
<b>2</b>	<p><b>What is the nature of the claim?</b> Credit Card Charges \$ 3,057.00</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <input checked="" type="checkbox"/> None of the above apply</p> <p><b>Does the creditor have a lien on your property?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____  Value of security: - \$ _____  Unsecured claim \$ _____</p>

Debtor 1 Santos A. Lainez  
 First Name Middle Name Last Name

Case number (if known) 19-12293

**Unsecured claim****3 Comptroller of the Treasury**

Creditor's Name

Compliance Division, Room 409

Number Street

301 West Preston Street

Baltimore

MD

See 2

City

State

ZIP Code

**What is the nature of the claim? See Attachment 2**

\$ 813.00

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

- No

 Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

**4 CBE Group**

Creditor's Name

P O Box 900

Number Street

Waterloo

IA

50704

City

State

ZIP Code

**What is the nature of the claim? Credit Card Charges**

\$ 553.00

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

- No

 Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

**5 Office of the County Attorney**

Creditor's Name

Hillary Holbrook Taylor, Esq.

Number Street

101 Monroe St., 3rd Floor

Rockville

MD

20850

City

State

ZIP Code

**What is the nature of the claim? Municipal infraction judgment.**

\$ 505.00

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

- No

 Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

**6 Office of the County Attorney**

Creditor's Name

Hillary Holbrook Taylor, Esq.

Number Street

101 Monroe St., 3rd Floor

Rockville

MD

20850

City

State

ZIP Code

**What is the nature of the claim? Municipal infraction judgment.**

\$ 505.00

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

- No

 Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

**7 Internal Revenue Service**

Creditor's Name

P.O. Box 7346

Number Street

Philadelphia

PA

See 3

City

State

ZIP Code

**What is the nature of the claim? See Attachment 3**

\$ 1.00

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

- No

 Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

Debtor 1 Santos A. Lainez  
 First Name Middle Name Last Name

Case number (if known) 19-12293

**Unsecured claim****8** Thornton Mellon, LLC

Creditor's Name

c/o Geoffrey Polk, Esq.

Number Street

939 W. North Ave., Suite 830

Chicago IL 60642  
City State ZIP Code

Contact

Contact phone

**What is the nature of the claim?** Lawsuit.

\$ 1.00

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

**Does the creditor have a lien on your property?**

- No

 Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

**9** Gregory James Carroll, Esq.

Creditor's Name

Tax Lien Law Group, LLP

Number Street

27 North Wacker Drive, Suite 503

Chicago IL 60602  
City State ZIP Code

Contact

Contact phone

**What is the nature of the claim?** Lawsuit.

\$ 1.00

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

**Does the creditor have a lien on your property?**

- No

 Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

**10** Axis Management Group, LLC c/o

Creditor's Name

Incorp Services, Inc.

Number Street

1519 York Road

Lutherville MD 21093  
City State ZIP Code

Contact

Contact phone

**What is the nature of the claim?**

\$ 1.00

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

**Does the creditor have a lien on your property?**

- No

 Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

**11** SunTrust Bank

Creditor's Name

Bankruptcy Department

Number Street

P.O. Box 85041

Richmond VA 23285  
City State ZIP Code

Contact

Contact phone

**What is the nature of the claim?** See Attachment 4

\$ 0.00

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

**Does the creditor have a lien on your property?**

- No

 Yes. Total claim (secured and unsecured): \$ 15,689.00

Value of security: - \$ 15,689.00

Unsecured claim \$ 0.00

**12** Charter House, LLC c/o

Creditor's Name

Charles E. Kohlhoss

Number Street

4920 Elm Street, Suite 200

Bethesda MD 20814  
City State ZIP Code

Contact

Contact phone

**What is the nature of the claim?** Secured loan.

\$ 0.00

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

**Does the creditor have a lien on your property?**

- No

 Yes. Total claim (secured and unsecured): \$ 533,857.00

Value of security: - \$ 533,857.00

Unsecured claim \$ 0.00

Debtor 1 Santos A. Lainez  
 First Name Middle Name Last Name

Case number (if known) 19-12293

**Unsecured claim**

**13**

Creditor's Name \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_

Contact phone \_\_\_\_\_

**14**

Creditor's Name \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_

Contact phone \_\_\_\_\_

**15**

Creditor's Name \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_

Contact phone \_\_\_\_\_

**16**

Creditor's Name \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_

Contact phone \_\_\_\_\_

**17**

Creditor's Name \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Number Street \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_

Contact phone \_\_\_\_\_

Debtor 1 Santos A. Lainez  
 First Name Middle Name Last Name

Case number (if known) 19-12293

**Unsecured claim**

**18**

Creditor's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**19**

Creditor's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**20**

Creditor's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

**What is the nature of the claim?** \_\_\_\_\_ \$ \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

**X** /s/Santos A. Lainez

Signature of Debtor 1

Date 02/26/2019

MM / DD / YYYY

**X**

Signature of Debtor 2

Date \_\_\_\_\_

MM / DD / YYYY

Attachment  
Debtor: Santos A. Lainez Case No: 19-12293

1. 19850-5298

Attachment 2

21201-2305

Taxes and Other Government Debts

Attachment 3

19101-7346

Taxes and Other Government Debts

Attachment 4

Purchase-Money Security Interest